

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/628834</u>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1		1				51
2		1		1			52
3		1		1			53
4		1		1			54
5		1		1			55
6		1		1			56
7		5		1			57
8		5	1				58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
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32							82
33							83
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35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2		2				TOTAL IND.
TOTAL DEP.	14		6				TOTAL DEP.
TOTAL CLAIMS	16		8				TOTAL CLAIMS